J.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 18162

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	1 2004 Through: 12 31 2004		
1	4. Name, file number, and address of labor organization.		
Name Paul J Vogt	And the second s		
The same of the sa	Name International Union Of Bricklayers & Allied (
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 000-034		
Joseph Month Ivo., Ir any	P.O. Box, Building and Room Number, if any Suite 600		
Street 24 Oakdale Ct	And the second s		
City Sterling	Street 1776 Eye St NW		
	City Washington		
State Virginia ZIP Code + 4 20165	State District of Columbia ZIP Code + 4 2000 6		
5. Position in labor organization. Audiovisual Supervisor	District of Columbia ZIP Code +4 20006		
Enter appropriate data below if during the next s	The state of the s		
Enter appropriate data below if, during the past fiscal year, you or your spous (except as specified in the exclusion of the	se or minor child directly or indirectly had any of the following internal		
Held an intercet in			
A. Held an interest in, engaged in transactions (including loans) with, or de nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name if the loans).	erived income or other economic benefit of		
Name and address of Employee (I. I. I.	7.a. Nature of Interest, Transaction, or Income.		
Name	Tansaction, of Income.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
The angle of the first part and the first part of the first part o			
Street	b. Amount.		
Sity			
ALL THE STATE OF T			
State ZIP Code + 4			
- VOVE 17			
Signatur	e		
15. Signature and verification. The undersigned declares, under negative of Peri	In and all		
andersigned's knowledge and belief, true, correct, and complete. (See the section			
	locuments), has been examined by the signatory and is, to the hest of the		
	or penalties in the instructions.)		
Signed	on penalties in the instructions.)		
Signed	on penalties in the instructions.)		

Name of Person Filing Paul Vogt	of Person Filing Paul Vogt		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name International Masonry Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 42 East St City Annapolis State Maryland ZIP Code +4 21401	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Payments are made Institute pursuant agreements negotial	to the International Masonry to collective bargainig ted by the Union.	
Street	11.b. Approximate dollar valu	e of such dealing.	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Lodging for 2004 H. Annapolis, MD.	istoric Masonry Conference in	
	12.b. Amount.	\$167	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		